

**Evidentiary Breath Test Instrument
Maintenance Program
2011 Enrollment Request**

FORMS MUST BE COMPLETED AND RETURNED BY JANUARY 31, 2011.

MAINTENANCE FEES ARE DUE BY THE DUE DATE ON THE INVOICE.

Fax: (317) 278-2836

Or mail this form to: Indiana State Department of Toxicology
550 W. 16th Street, Suite A
Indianapolis, IN 46202

(Please type or print information)

Type: BAC Datamaster Serial #: 950333

Agency Name: West Lafayette Police

Street Address: 711 W. Navajo Drive

City: West Lafayette Zip Code: 47906

Phone: (765) 775-5200 Fax Number: (765) 775-5228

Contact Person for Datamaster Maintenance: Mike Francis (Captain)

Chief of Police, Sheriff, CEO, etc.: Jason Dombkowski (Chief)

Maintenance Enrollment Fees must be paid no later than the date reflected on the invoice. Please send payment to the address shown on the invoice, in lieu of the address reflected above. Thank you for your cooperation.

*We accept your enrollment terms, including the maintenance fee of \$650.00 per instrument.

Printed Name

Signature

Date

INDIANA UNIVERSITY- PURDUE UNIVERSITY INDIANAPOLIS

INVOICE

CUSTOMER NUMBER: WES6721
CUSTOMER PO NBR:
PO DT:

IN2086267CGG

INVOICE NUMBER:
01-IS3488711
INVOICE DATE:
10/05/2010

PROVIDED TO:
ATTN:

WEST LAFAYETTE POLICE DEPT
711 W NAVAJO ST

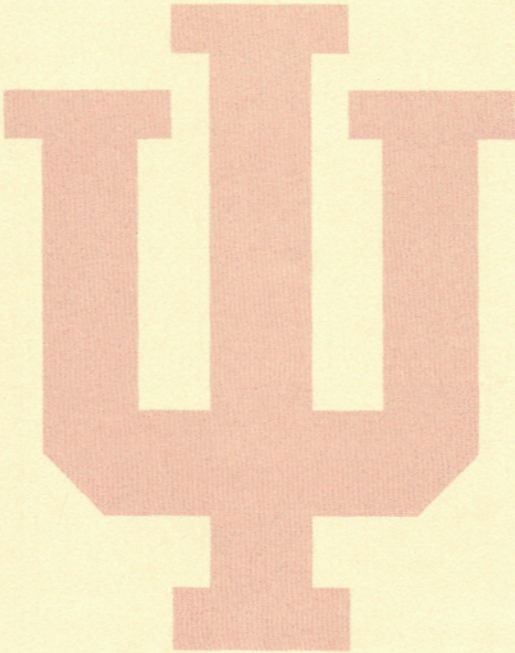
WEST LAFAYETTE IN 47906

BILLED BY (DO NOT REMIT TO):
INDIANA UNIVERSITY
PHARMACOLOGY & TOXICOLOGY
MS A401
INDIANAPOLIS IN 46202-5120
/317-274-7825
FAX 317-278-2836

BREATH TEST INSTRUMENT MAINTENANCE 2011

FEIN NUMBER 35 600 1673

QTY	UNIT	ITEM	DESCRIPTION	UNIT PRICE	EXT. PRICE
1.00	EA	IM	EVIDENTIARY BREATH TEST INST MAINT PROG	650.00	650.00
TERMS: NET 30 DAYS				PAY THIS AMOUNT	650.00



RETAIN THIS PORTION FOR YOUR RECORDS

..... RETURN THIS PORTION WITH PAYMENT

Make Checks Payable To:
INDIANA UNIVERSITY

INVOICE DATE 10/05/2010
INVOICE NUMBER 01-IS3488711
CUSTOMER NBR WES6721
DUE DATE 11/04/2010
AMOUNT DUE \$650.00
IN2086267CGG

ATTN:

WEST LAFAYETTE POLICE DEPT
711 W NAVAJO ST

WEST LAFAYETTE

IN 47906

REMIT TO:
INDIANA UNIVERSITY
INDIANA UNIVERSITY
PO BOX 66271

INDIANAPOLIS

IN 46266-6271

UA/FMS /WES6721 01IS348871110/05/2010000000000065000